

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

**APPLICATION FOR FULL CERTIFICATION AS A  
MENTAL HEALTH PROFESSIONAL PERSON**

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**INSTRUCTIONS**

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Please read and follow these instructions when applying for full certification as a mental health professional person. Before completing the application, please read the attached description of the qualifications necessary for full certification as a mental health professional person.

There are four distinct parts to the application package. For each part, there are procedures for properly submitting the required information and ensuring that all necessary supplementary materials are received by the Certification Committee.

**PART I - APPLICANT INFORMATION**

Procedures:

1. Complete Sections A-D.
2. Request that any required transcripts be sent directly to the Committee from colleges or universities attended.

**PART II - EMPLOYMENT INFORMATION**

Procedures:

1. If necessary, make additional copies so that each relevant employment experience can be documented.
2. Complete Sections A-E for each employment experience.
3. Send the form to the appropriate supervisor for verification, asking that the supervisor return the form directly to the Certification Committee.

Note: The applicant's current clinical mental health employment, if any, must be documented using Part II of the application. In documenting sufficient clinical mental health experience to fulfill the minimum requirement for certification, the **most recent** relevant work experience(s) should be used.

**PART III - REFERENCES**

Procedures:

1. Type or print your name and the name of someone who can comment on your qualifications on each reference form.
2. Ask the persons who are to be references to complete the forms and mail them directly to the Certification Committee.

Note: Three references are required. One reference **must** come from the applicant's current clinical supervisor. The applicant should attempt to obtain references from clinical supervisors of **all** recent (prior five years) clinical mental health work experiences.

**PART IV - ENDORSEMENT**

Procedures:

1. Type or print your name and the name of a mental health professional person with full certification who can comment on your understanding of the duties and responsibilities of a professional person.
2. Ask the endorser to complete the form and mail it directly to the Certification Committee.

All application materials are to be submitted to:

Professional Person Certification Committee  
Department of Public Health and Human Services  
PO Box 202905  
Helena, MT 59620-2905